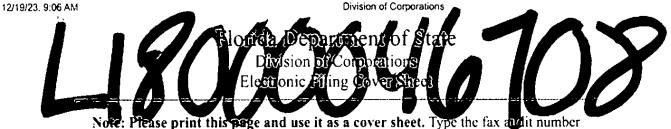
Division of Corporations



(((H230004311813)))

(shown below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC REGISTERED AGENT CHANGE **GOLDY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GOLDY LLC	
Namo	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy, Suite 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Many Castillo	888 705-7274
Mary Castillo	_ at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Lattatiassee, Florida 32314
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## H23000431181 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

Isma of the limited liability commonly. GOLDY L			
Name of the limited liability company:	LU		
20900 N.E. 30TH AVENUE	(b) 20900 N.E. 30TH AVENUE  Mailing address of limited liability company:		
Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)		
SUITE 416	SUITE 416		
AVENTURA, FL 33180	AVENTURA, FL 33180		
02/21/2018	L18000046708		
Date of filing/registration in Florida	4. Document number		
REGISTER AGENT SOLUTIONS	SINC		
Registered Agent and Registered Office shown on the records o			
155 OFFICE PLAZA DR			
Registered Office Address (MUST BE FLORIDA STREE)	ADDRESS		
STE. A	,		
TALLAHASSEEF			
Registered Agent Solutions, Inc.	10 · · · · · · · · · · · · · · · · · · ·		
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		
2894 Remington Green Ln.	۱ی		
NEW Registered Office Address:			
Ste. A			
Tallahassee	L 32308		
F	L		
limited liability company is not organized under the li	iws of the State of Florida, it is hereby confirmed that after		

Mackenzie Hibler, Authorized Person Mackenzie Hibler /s/ Printed or typed name of signee Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of biachange.

Mackenzie Hibler, Assistant Secretary

Signature of Registered Agent